| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30  |  |  |                   |                        |   | 1. RE  | EQUISITIO        | ON NUMBER                             | PAGE 1 OF 1                |  |
|---|--|--|-------------------|------------------------|---|--|------------------|---------------------------------------|----------------------------|--|
| 2. CONTRACT NO  |  | 3. AWARD/EFFECTIVE   |                   | DER NUMBER             |   | OLICITATI  | ON NUMBER        | 6. SOLICITATION ISSUE DATE            |                            |  |
| 2. 00111101110.   |  | DATE   |                   | ZINNOMBEN              |   | 5. SOLICITATION NUMBER<br>SJO10016Q0030                |                  |                                       | 06/08/2016                 |  |
| 7. FOR SOLICITATION   |  | a. NAME  |                   |                        |   | <ul> <li>TELEPHONE NUMBER(No collect calls)</li> </ul> |                  | 8. OFFER DUE DATE/<br>LOCAL TIME      |                            |  |
| INFORMATION CALL Reem Sugha   |  |  |                   | yer                    |   | (9   | (962) 6 590-6094 |                                       | June 22, 2016 @<br>14:00pm |  |
| 9. ISSUED BY CODE   |  |  |                   | 0. THIS ACQUISITION IS |   | 11. DELIVERY FOR FOB<br>DESTINATION UNLESS             |                  | 12. DISCOUNT TERMS                    |                            |  |
| General Services Office   |  |  |                   |                        | ☐ UNRESTRICTED☐ SET ASIDE: % FO   |  |                  | S MARKED                              |                            |  |
| American Embassy  |  |  |                   |                        | ☐ SMALL BUSINESS  |  | SEE SCHEDULE     |                                       |                            |  |
| P. O. Box 354   |  |  |                   |                        | ☐ HUBZONE SMALL   |  |                  | ☐ 13a. THIS CONTRACT IS A RATED ORDER |                            |  |
| Amman - Jordan  |  |  |                   |                        | BUSINESS  B(A)  |  |                  | UNDER DPAS (15 CFR 700)  13b. RATING  |                            |  |
| Tel: (962) 6 590-6094   |  |  |                   |                        |   |  |                  | METHOD OF SOLICITATION                |                            |  |
| Fax: (962) 6 592-7957   |  |  |                   |                        | SIZE STD: SIZE STD: RFQ IFB RFP   |  |                  |                                       |                            |  |
| 15. DELIVER TO CODE   |  |  |                   |                        | 16. ADMINISTERED BY CODE  |  |                  |                                       |                            |  |
| American Embassy  |  |  |                   |                        |   |  |                  |                                       |                            |  |
| Amman - Jo  |  |  |                   |                        |   |  |                  |                                       |                            |  |
| 17a, CONTRACTORY CODE FACILITY CODE   |  |  |                   |                        | 18a. PAYMENT WILL BE MADE BY CODE   |  |                  |                                       |                            |  |
|   |  |  |                   |                        | Financial Management Office (FMO)   |  |                  |                                       |                            |  |
|   |  |  |                   |                        | American Embassy  |  |                  |                                       |                            |  |
|   |  |  |                   |                        | P. O. Box 354   |  |                  |                                       |                            |  |
| _   |  |  |                   |                        | Amman - Jordan  |  |                  |                                       |                            |  |
| ☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER   |  |  |                   |                        | 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ SEE ADDENDUM               |  |                  |                                       |                            |  |
| 19.   | 20.  |  |                   |                        | 21.   | ~  | 22.              | 23.                                   | 24.<br>AMOUNT              |  |
| ITEM NO. SCHEDULE OF SUPPLIES/SERVICES  |  |  |                   |                        | QUANTIT   | 1  | UNIT             | UNIT PRICE                            | AWOONT                     |  |
|   | One year leases for the following types of vehic |  |                   |                        |   |  |                  |                                       |                            |  |
| 1   | 2 Full sized SUVs                                |  |                   |                        | 2   |  |                  |                                       |                            |  |
| 2   | 1 Large 4-door Pickup Truck                      |  |                   |                        | 1   |  |                  |                                       |                            |  |
| 3   | 1 Mini Van 7 Passengers                          |  |                   |                        | 1   |  |                  |                                       |                            |  |
| 4   | 2 Premium Sedans                                 |  |                   |                        | 2   |  |                  |                                       |                            |  |
| White Plates  |  |  |                   |                        |   |  |                  |                                       |                            |  |
| Model (2015/2016)   |  |  |                   |                        |   |  |                  |                                       |                            |  |
|   | Full Insuran                                     | ce   |                   |                        |   |  |                  |                                       |                            |  |
|   | (Use Reverse ar                                  | nd/or Attach Additional Shee                                     | ets as Necessary) |                        |   |  |                  |                                       |                            |  |
| 25. ACCOUNTING AND APPROPRIATION DATA   |  |  |                   |                        | 26. TOTAL AWARD AMOUNT (For Govt. Use Only)   |  |                  |                                       |                            |  |
| 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE AT  |  |  |                   |                        |   |  | F ATTACH         | ED ADDENDA 🗆                          | ARE ARE NOT ATTACHED       |  |
| □ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA □ ARE ☑ ARE NOT ATTACHED.                |  |  |                   |                        |   |  |                  |                                       |                            |  |
| ☐ 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN1_ ☐ 29. AWARD OF CONTRACT: REF OFFER  |  |  |                   |                        |   |  |                  |                                       |                            |  |
| COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND |  |  |                   |                        | FURNISH AND DATED YOUR OFFER ON SOLICITATION ABOVE AND ON (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH |  |                  |                                       |                            |  |
| SPECIFIED HI  |  | THE SET TOTAL MENT TO TOTAL TENTO.                               |                   |                        |   |  |                  |                                       |                            |  |
| 30a. SIGNATURE 0  |  | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) |                   |                        |   |  |                  |                                       |                            |  |
| 30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT) 30c. DATE SIGN  |  |  |                   |                        | 31b. NAME OF CONTRACTING OFFICER (Type or Print) 31c. DATE SIGNED   |  |                  |                                       |                            |  |
|   |  |  |                   |                        | Shayna Michael  |  |                  |                                       |                            |  |
|   |  |  |                   |                        |   |  |                  |                                       |                            |  |